

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 101618450
APPLICANT(S)

FILED DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1								51							
2								52							
3								53							
4								54							
5								55							
6		①		2				56							
7				1				57							
8				1				58							
9				1				59							
10				1				60							
11				1				61							
12				1				62							
13				1				63							
14				1				64							
15		3		3				65							
16		3		3				66							
17		①		①				67							
18		3		3				68							
19		3		3				69							
20		①		①				70							
21		3		3				71							
22		3		3				72							
23		3		3				73							
24		3		3				74							
25		1		1				75							
26		3		3				76							
27		1		1				77							
28		1		1				78							
29		1		1				79							
30		1		1				80							
31		②		①				81							
32		3		3				82							
33		3		3				83							
34		3		3				84							
35		3		3				85							
36		①		①				86							
37		①		①				87							
38		①		①				88							
39		3		3				89							
40		1		1				90							
41								91							
42								92							
43								93							
44								94							
45								95							
46								96							
47								97							
48								98							

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